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November 21, 2011

Clerk of the Court  
Michigan Court of Appeals  
Cadillac Place  
Suite 14-300  
3020 West Grand Boulevard  
Detroit, MI 48202

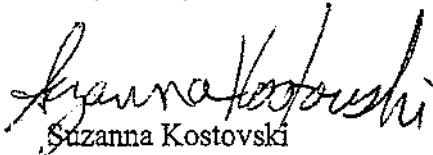
Re: People v. Jasmine Hunt  
Court of Appeals No. 303282  
Lower Court No. 10-002199-01

Dear Clerk:

Attached please find the medical reports for the above-named Defendant, which I am submitting these under a separate letter so that they may be kept confidential and not made a part of the public record.

Thank you for your attention to this matter.

Very truly yours,

  
Suzanna Kostovski

sk

Enc:

cc: Timothy Baughman, Esq.  
Ms. Jasmine Hunt

**RETURNED**

**DEC 16 2011**

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November 3, 2010

**COPY**

Honorable Judge Cynthia Hathaway  
Frank Murphy Hall of Justice  
1441 St. Antoine  
Room 801  
Detroit, Michigan 48226

Re: Jazmine (Jasmine) Desiree Hunt (aka Rachelle Stewart)

I had an opportunity to conduct a psychiatric examination on Jazmine Desiree Hunt on October 5, 2010. She consulted me for difficulties she had experienced on Saturday, February 13, 2010. In addition to conducting a psychiatric examination of Ms. Hunt I had an opportunity to review documents as follows:

1. State of Michigan Department of Community Mental Health Criminal Responsibility.
2. CVS Pharmacy records.
3. Development Center - Psychiatric Assessment.
4. Ron Samarian, M.D.
5. Wabeek Medical Pharmacy.
6. Detroit Police Department Investigative Report.
7. Clear Choices Counseling Services.
8. William Beaumont Hospital Progress Record.

At the time of the evaluation I obtained the following history.

**History:**

Jazmine Desiree Hunt was born January 12, 1967. She is a 43 year-old, African-American woman who last worked from January 2008 until the offense at Excel Hospice & Rehabilitation as a Patient Care Aide.

The patient describes that she had dated a man named Steven Pittman in 2004 and 2005. She moved from the Detroit area to Las Vegas in the summer of 2006. The patient didn't see him until she returned to the Detroit area when she ran into him at a gym in February 2008. She spent about 15 minutes speaking with him and had no contact with him subsequent to that.

On February 13, 2010 Mr. Pittman contacted the patient early in the morning. He suggested that they go out on an afternoon lunch date to "get something to eat". He approached her stating, "You need to get out". He told the patient that he was a very religious and spiritual person and he prayed for her and prayed with her. He came to the patient's home and picked her up. The patient called her girlfriend and asked her to babysit for Ian, her nephew.

The patient entered Mr. Pittman's car and they got on the freeway. Mr. Pittman suggested that they go to his home instead of to a restaurant. On his way to his home he called the restaurant and ordered food. He went into the restaurant while the patient waited in the car. After 15 to 20 minutes he came out to the car to get the patient and took the patient into the restaurant stating, "Have a drink with me". The two of them had a drink at the bar. He ordered a second round. The patient declined a second drink. He laughed. The patient states, "I thought he was acting weird". The patient called her girlfriend to let her know what was happening.

The two of them left the restaurant. They were on the freeway. He commented to her that she had gained weight since he had last seen her. He stated, "I didn't want to see no fat". The patient responded stating that that was "mean". She then said to him "How are you going to see any fat?" and he responded, "When you take off your clothes". He then said to her, "Oh....you're going to give me some pussy". The patient again called her girlfriend and left the phone on. Mr. Pittman started speaking and the patient described him as "vulgar". He was sexually demanding and sexually explicit. The patient informed Mr. Pittman that she had been celibate. She states that "he started grabbing on me". The patient had the phone on her lap and she was limited in her ability to avoid his groping. The patient pushed him away. She became frightened that he would crash the car.

The patient then has limited recollection stating that she doesn't remember if Mr. Pittman made a phone call or if he received a phone call. She overheard him talking to a woman on the phone telling her to meet him at his home stating, "I need some pussy". Mr. Pittman drove the patient to her home. He had her breast in his hand and then he put his hand down her pants. The patient states that this was all occurring when they were parked in her driveway at about 2:00 p.m.

The patient's girlfriend was at the house. Her name is Leah. She walked out of the front door. She had been on the phone. The patient had the food on her lap. She took it off her lap and pushed it towards him and got out of the car. He called out to her "bitch...I'll be back". He then changed gears and revved up the car. The patient states, "I thought he was getting ready to run me over". She called out to him to "get away". He backed up some and the car was moving slow. The patient drew a weapon. She states that she has a permit and the weapon is registered. She shot at the side of the car at door level. He pulled away slowly. The patient described that she was frightened. She states that she stays with her mother and that Mr. Pittman didn't know where she lived until this incident.

The patient went into the house and called the police. She called 911. She reported an assault and an attempted rape. The police arrived and asked the patient for her firearm. She gave it to them and showed them her permit. The patient was taken to jail and she was told to change clothes. The patient was kept in custody for about 13 days. She states, "I told them what he did to me". While she was incarcerated she was not given any of her psychotropic medicines for a period of 13 days. She went home after being released from jail.

The patient described that she had been in psychiatric care at Development Center. She sees a psychiatrist, an African-American woman Stephanie Stevenson. She takes psychotropic medications - Trazodone (an antidepressant) 300 mg a day, Klonopin (a tranquilizer) 1 mg three times daily, Lexapro (an antidepressant), and another medication. The patient states that she had been under the care of a Dr. Ron Samarian who had her on a different combination of medications.

The patient is attending Crossroads Community Mental Health Center and has been under the care of psychiatrist, Dr. Farika Qadir. She takes Zyprexa (an antipsychotic) 5 mg at bedtime, Elavil (an antidepressant) 25 mg at bedtime, Remeron (an antidepressant) 45 mg at bedtime, Lexapro 20 mg two tablets daily, and Xanax (an anti-anxiety medication) 2 mg twice daily and 0.5 mg at bedtime.

The patient structures her activities of daily living by cleaning up and performing activities with her children, taking them to T-ball. She attends Parrish House and does volunteer work. She will spend time with her son. She doesn't sleep and has difficulty structuring her time at night. She doesn't go out and doesn't see friends and is quite socially withdrawn.

The patient describes a sleep disturbance characterized by difficulty falling asleep and early morning wakening. She awakens frequently throughout the night and awakens not rested. She has dreams - she sees Mr. Pittman "he's coming to get me". He says things to her "nobody will help you" and she is raped. The patient describes herself as claustrophobic. The patient is 5 ft. 5-1/2 inches tall and weighs 160 lbs. (145 lbs. is her usual weight). She is chronically constipated.

The patient currently lives with her mother. She was married August 30. She married a man who is incarcerated for life. When asked why she did so she states, "I'm just tired". The patient has also had past behaviors of self-mutilation. She would cut herself when anxious. She states that she wasn't able to sleep and when she is overly fatigued and alone she will resort to self-mutilating behavior. She has been limited in her relationships and has sometimes been in relationships with women and sometimes with men. The patient has three children - a daughter, 26 who is married and functioning well; a son, age 20 who is married with two children; a 8 year-old son.

The patient describes several boundary violations as a child. She states that when she was 10 years old her cousin molested her. The patient accompanied her father on a trip "my cousin did it". The patient didn't tell anyone "he said he would kill me". The patient describes another incident when she was dancing at a party - not as an entertainer but as a guest to the party "someone put something in my drink". The patient went to lay down and she was raped at age 20. Her daughter's father held the patient prisoner in his home "he tortured me for four months". He tied the patient with ropes, would pour 151 rum on her legs and set her on fire and then put it out. He kicked her down the stairs and burned her back. He put out cigarettes on her skin. She describes "he was a crack head". The patient's mother came over. There were bars on the windows. The patient was able to push her baby through the bars on the window. The patient describes that one day he forced the patient to smoke crack with him. He then passed out. There were two other men watching the house. She begged them to let her go. She was in renal failure and was admitted to Sinai Hospital. This occurred in 1983 or 1984.

#### Personal History:

By way of personal history, the patient was born in Detroit. She attended Kettering High School and left because she had "no guidance". She was placed in advanced classes with older children. She earned a GED at age 18. She has had additional training as an EMT, a Certified Nurse Assistant, as a phlebotomist, and a care provider.

The patient is the youngest of a sibship of four. She has an older sister who works at Kroger's, an older brother who is retired from the Air Force and living in Louisiana, an older brother who lives in North Dakota who is estranged from her. Some of her siblings suffer from hypertension. Her sister has psychiatric problems. She is uncertain as to the nature of those problems. Her brother drinks beer and she is uncertain as to whether it is a problem. She is not close to her siblings.

The patient's mother is 74 years old and is in good health, although she is starting to develop some cognitive problems. She worked as a Registered Nurse at the Northwest Rehabilitation Center Methadone Clinic. The patient states that she was not a good mother. The patient had a different father than her other siblings "I was the baby....I was spoiled. When her father died she became self-destructive and rebellious. Mother then got a boyfriend. The patient left home at 12. She states that her mother "never checked on me". Mother was not abusive or neglectful until after her father died.

The patient's father died when the patient was about 14 years old. He was 42 years old and worked as a "pool shark". He also worked in a construction office. He was killed. The patient made a suicide attempt at the time that her father was killed. She states that she understood that he was beaten to death but doesn't know why. The patient describes him as a good father from her recollection and was quite close to him. The patient states that after her father died her mother had her "tracked down" and committed her to Mt. Carmel

Mercy Hospital Child Psychiatry Ward. When asked if the treatment helped her the patient states, "I just went along".

**Prior Employment History:**

By way of prior employment history, the patient states that she worked providing attendant care to a head-injured patient. She also worked at Kentucky Fried Chicken, at Gallagher & Keiser Welding, Dawson Screenprinting. She also worked as a dancer and managed a bar. The patient has never been terminated from employment. She has never collected Workers Disability Compensation benefits. She had never been arrested before, but states that she was taken into custody for Driving Under the influence of Alcohol "years ago". She has never been a plaintiff in a lawsuit before.

**Past Medical History:**

By way of past medical history, the patient's family doctor is Dr. Michael Banks. She was hospitalized for childbirth. She was hospitalized in Las Vegas when her youngest son's father filed for full custody. The patient became depressed and took an overdose. Her medications are described above.

The patient smokes less than a package of cigarettes a day. She will occasionally drink beer, but is CAGE negative. She denies the current use of street drugs. The patient entered psychiatric care at age 14 when she saw a therapist. She also saw Dr. Samarian. She saw a school social worker, Dr. Stephanie Stevenson and Dr. Qadir. The patient denies any drug allergies.

**REVIEW OF MEDICAL RECORDS**

Review of medical records reveals the State of Michigan Center for Forensic Psychiatry offers a patient account of the incident that is consistent with the account that the patient provided to me.

It also notes the patient was seen at Detroit Receiving Hospital six hours after the incident while in police custody. The patient was noted to be on medication for depression and bipolar disease. Her medications were listed as Trazodone, BuSpar (an antianxiety medication), Lexapro (an antidepressant). The patient was placed on those medications and discharged in "stable condition".

She was seen in the Emergency Room on February 15 in Detroit Police custody for a medication refill. She was also noted to have problems with Obsessive/Compulsive Disorder, manic depression, Bipolar Disorder with psychotic features.

When seen in the Wayne County Jail the patient was tearful and seemed depressed about

her circumstances. She reported mood fluctuations and reported a past experience of auditory hallucinations.

Psychological testing was administered. An MMPI-II was considered to be invalid due to excessive endorsement of rare or non-confirmable symptoms or psychopathology at a statistically improbable level. The doctor notes in conclusion that along with the patient's strong religious convictions she seems to have a "proclivatic to magic type thinking such as the belief that she possess special psychic powers or gifts and has experienced perceptual alterations". During the incident Ms. Hunt described "fleeting perceptual experiences involving demonic-like changes in the appearance and voices of alleged victim".

Regarding the role of intoxicants the report states that Ms. Hunt "currently did not acknowledge having been under the influence of any illicit drugs or alcohol apart from the one or two drinks she had consumed in the company of the alleged victim". She described "feeling funny" after the drink. The examiner concludes that there is no impairment in the patient's capacity to form intent and she did not meet the statutory criteria for insanity.

Review of the Police Reports reveals that the victim, Mr. Pittman described that they had ordered carry-out from Roma Café "had a few drinks and left". They were heading to the patient's house "it comes out that she hadn't had sex for a few years". He states, "I pretty much told her I wasn't interested like that and I would take her home...she could keep the salad". While they were on the freeway his cell phone rang. He answered it and said to the female on the other end "I would see her shortly at the house". When they arrived at Jazmine's house and he backed up "I started to back up looking behind me and I hear a pop sound, turn around back and Jazmine is in the middle of the driveway pointing her gun and shooting at me". Question: "While you were driving Jazmine home did you fondle her breasts and vagina?". Answer: "No...I never touched her. She was hugged up on me at Roma Café....the bartender saw that".

The Police Report further states that when Ms. Hunt was taken into custody "Mr. Pittman stated to her I will let you use the car if you go out with my friend". Mr. Pittman stated that Jazmine got upset. Ms. Hunt stated as Mr. Pittman was driving her home he began to fondle her breasts and vagina over her clothes. She informed the victim that she had a CCW and had a black Smith & Wesson inside her purse. Mr. Pittman drove into the driveway. She got out of the vehicle and pulled her Smith & Wesson from her purse and fired four to six shots into Mr. Pittman's vehicle. She further made the statement, "I don't know why I was arrested....I called the police...he tried to rape me....I shot at his car not him....his name is Steven Pittman".

Records from Clear Choices Community Mental Health Center indicate that the patient is seen for medication review and psychotherapy. Diagnosis of Posttraumatic Stress Disorder was considered. The patient had been prescribed Seroquel (a mood-stabilizer),

Lexapro (antidepressant), and Xanax (anxiolytic). The patient complained of nightmares of being raped. She started cutting herself and inpatient care was recommended.

Records from Development Center from September 2009 through March 2010 indicate the patient was prescribed antipsychotic medication - Geodon, as well as Loxitane. She was diagnosed with Major Depression recurrent and severe with psychotic features. Her appearance was noted to be neglectful of her grooming and describes as disheveled, depressed, irritable, and occasionally taking Xanax which she obtained from alternative sources. These records also note a history of being abused by her daughter's father much as the patient described to me. She had some grandiose thinking and felt that she could determine what people were thinking and have visions of the future.

Records from Detroit Medical Center Crisis Center indicate that she was referred by primary care physician at Beaumont Hospital. She was taking Xanax, Lexapro, and Zyprexa which she got from alternative sources. Her doses of Xanax were quite high. Diagnosis was Major Depressive Disorder with psychosis and she was referred to Community Mental Health.

Pharmacy records confirmed that the patient had been prescribed multiple antipsychotic, mood-stabilizing, tranquilizing, and antidepressant medications in various combinations.

**MENTAL STATUS EXAMINATION:** On mental status examination, the patient presents the following picture:

**General Attitude and Behavior:** She is a well-developed, well-nourished, slightly obese, African-American woman who appears her stated age. She is quite uncomfortable and is constantly moving and appears to be jiggling her foot and attempting to discharge anxiety through increased motor activity and restlessness. She is cooperative, in good contact with her environment, but is easily startled. She makes fair eye contact and responds well to questions. She is cooperative with the interview process and attempts to answer my questions to the best of her ability. She becomes markedly more uncomfortable when talking about the circumstances of her encounter with Mr. Pittman and when talking about the circumstances of her prior sexual boundary violations.

**Stream of Mental Activity:** The patient is generally goal-directed. She becomes somewhat circumstantial and disorganized when talking about some of her experiences. She does not become frankly tangential. Her thinking is mildly disordered in this regard.

**Emotional State and Reactions:** The patient's affect is full and rich in depth. It is constricted in range. Mood is moderately to markedly depressed. This is persistent throughout the course of the interview. Affect remains appropriate to thought content at all times.



**Mental Trend and Content of Thought:** The patient describes some grandiose ideas and reports that she can determine what other people are thinking and can sometimes have visions of the future. She has some difficulty differentiating between her emotional responses to people and the way that she perceives them, describing that when she attributes malevolent intent to others their facial expressions and appearance change markedly. She describes restriction of social activities, being uncomfortable around people, avoiding loving relationships, and a past history of traumatic sexual experiences as a child and young adult. She describes disturbed sleep with difficulty falling asleep, early morning waking, troubling dreams of her rape, and phobic reactions and fears that Mr. Pittman will come after her. She reports a 15 pound weight gain, chronic bowel problems, and a markedly diminished libido stating that she has been celibate for three years. She does endorse some problems with auditory hallucinations and ideas of reference.

**Sensorium Mental Grasp and Capacity:** These are intact to gross testing in that the patient is alert and oriented to time, person, place, and situation. Her ability to remember recent and remote events and calculate days and dates is intact. She is able to give a very detailed history of her current circumstances. She does not show any signs of any cognitive disturbance.

#### **DIAGNOSTIC IMPRESSION:**

- Axis I:        1.     Schizoaffective Disorder, mixed type.  
                 2.     Posttraumatic Stress Disorder.
- Axis II:        Mixed Cluster B personality traits.
- Axis III:       Elevated cholesterol.  
                 Migraine headaches.
- Axis IV:       Psychosocial Stressors - Moderate to severe.    Legal difficulties.  
                 Custody difficulties. Financial difficulties.
- Axis V:        Highest level of functioning over the past  
                 year - (GAF: 40).

#### **DISCUSSION**

Jazmine Desiree Hunt is a young woman who had a traumatic childhood. She describes behavioral problems with becoming oppositional and self-mutilating as a young adolescent

provoked by the death of her father. She had early psychiatric intervention and had been prescribed psychotropic medications for much of her adolescence and adult life.

The patient describes three distinct episodes of sexual exploitation - one at age 10, one at age 18 and one at age 20 and is currently seen because she made contact with a man that she had dated some years prior, and while taking psychotropic medication and ingesting alcohol describes that he became sexually demanding of her, made explicit sexual comments to her, and disclosed some intent to have sex with her. When she declined she reports that he fondled her. She was fearful and when she exited his vehicle she fired shots at the vehicle, stating that she was fearful that he would run her over. Her report indicates that she called 911 immediately upon his departure to report the rape. Her later accounts indicate that she considered it a rape because of his fondling of her and stating "he raped my spirit".

Ms. Hunt has a lengthy psychiatric history and has been prescribed a number of psychotropic medications by a number of different psychiatrists who consider her to be suffering from some form of mood disorder with psychotic features. Her most compelling diagnosis is Schizoaffective Disorder. Schizoaffective Disorder is a psychiatric illness that consists of alternating periods of depression and elation with the presence of psychotic features in between mood episodes.

The patient also suffers from the effects of three discrete episodes of sexual trauma when the patient was raped and put in a position of powerlessness. Posttraumatic Stress Disorder is a psychiatric illness that rises out of a trauma or an emotionally upsetting event. An event is traumatic if it catches the individual by surprise and the victim is unprepared and the victim is put in a position of utter helplessness. The three sexual boundary violations that the patient described certainly meet that criteria. Typical post-traumatic reactions involve irritability, social withdrawal, phobic avoidance of situations that are reminders of the trauma, and nightmares and flashbacks where the victim relives the trauma.

As regards competency to stand trial, law states that the accused must be absent any psychiatric illness that impairs her ability to understand the charges pending against her and her ability to assist her attorney in preparing her defense. Based on my evaluation, there is no impairment in her competency to stand trial.

Concerning the matter of criminal responsibility, MCL 768.21a, as amended effective October 1, 1994, indicates that "An individual is legally insane if, as a result of mental illness as defined in Section 400a of the mental health code, Act No. 258 of the Public Acts of 1974, being Section 330.1400a of the Michigan Compiled Laws, or as the result of being mentally retarded as defined in Section 500(h) of the mental health code, Act No. 258 of the Public Acts of 1974, being Section 330.1500 of the Michigan Compiled Laws, that person lacks substantial capacity either to appreciate the nature and quality or the

wrongfulness of his or her conduct or to conform his or her conduct to the requirements of the law. Mental illness or being mentally retarded does not otherwise constitute a defense of legal insanity." This section also indicates that "An individual who was under the influence of voluntarily consumed or injected alcohol or controlled substances at the time of his or her alleged offense is not considered to have been legally insane solely because of being under the influence of the alcohol or controlled substances." This section further indicates that "The defendant shall have the burden of proving the defense of insanity by a preponderance of the evidence."

The definition of mental illness so indicated is "a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life." The definition of mental retardation so indicated is "significantly subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior."

Post Traumatic Stress Disorder is a serious disorder that affects both thought and mood.

Based on my psychiatric evaluation I would determine that the patient's background of Posttraumatic Stress Disorder with prior sexual assaults would give her a reasonable fear that when placed in a position of dealing with a man who became sexually demanding and made vulgar and explicit sexual comments to her and began fondling her breasts and touching her vagina she would reasonably be in fear of additional sexual boundary violation and would have a tendency to react in a manner that she would see as protecting herself. Furthermore her being vulnerable and outside this man's car while he is moving the car would make her more vulnerable to reach the conclusion that he was trying to do her harm and would further make her take actions to protect herself. This is quite common in victims of Posttraumatic Stress Disorder and is consistent with the descriptions of Jazmine Desiree Hunt's psychiatric assessments in other non-forensic settings.

I would also comment that the patient's use of psychotropic medication as prescribed by a doctor in conjunction with the consumption of one or two drinks of alcohol would have an untoward effect on her. This would not be considered voluntary intoxication, but the effects of alcohol would be significantly magnified by their use in combination with psychotropic medicines.

I would conclude that Jazmine Desiree Hunt, because of the effects of Post Traumatic Stress Disorder and the additive effects of the psychotropic medicines she was taking, lacked the capacity to form intent to harm, but rather was operating under the conviction that she was taking necessary steps to protect herself from harm when she discharged her weapon. She should not be considered criminally responsible.

Re: Jazmine (Jasmine) Desiree Hunt (aka Rachelle Stewart)

November 3, 2010

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If you have any further questions regarding my evaluation, diagnosis, or recommendations, please feel free to contact me at my office address.

Very truly yours,

Gerald A. Shiener, M. D.

Diplomate of the American Board of Psychiatry and Neurology

Added qualifications in Addiction, Forensic and Geriatric Psychiatry

Chief, Consultation and Liaison Psychiatry

Sinai Grace Hospital of Detroit

Assistant Professor of Psychiatry

Wayne State University School of Medicine

GAS/rll



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CENTER FOR FORENSIC PSYCHIATRY

JANET OLSZEWSKI  
DIRECTOR

September 23, 2010

Erika A. Tusar  
Prosecuting Attorney  
1441 Saint Antoine Street  
Detroit, Michigan 48226-2311

And

Delicia Cain-Taylor Coleman  
Law Offices of D. C. Taylor  
21700 Northwestern Highway, Suite 980  
Southfield, Michigan 48075

RE: HUNT, Jazmine (Jasmine) Desiree  
CFP #: 922977  
Docket #: 10-002199-01-FC  
Subject: Criminal Responsibility

Dear Attorneys:

This is the first referral to the Center for Forensic Psychiatry for Jazmine (Jasmine) Desiree Hunt, a 43-year-old female defendant born on January 12, 1967 in Detroit, Michigan. She is charged with Assault with Intent to Murder, Assault with Intent to Do Great Bodily Harm Less Than Murder, and Assault with a Dangerous Weapon (Felonious Assault) under docket number 10-002199-01-FC in the 3rd Circuit Court for Wayne County. She was referred for examination relative to Criminal Responsibility pursuant to MCL768.20a(2), on an order signed by the Honorable Cynthia Hathaway Gray on April 28, 2010.

Prior to the interview and pursuant to MCL 330.1750, Ms. Hunt was informed of the purpose of the evaluation, of the fact that a report would be issued according to legal requirements, and that the examiner might be subpoenaed to testify about the report or anything else related to the examination. She conveyed an understanding of the limits on confidentiality that pertain to this court-ordered examination and participated in the interview.

The examination for criminal responsibility was conducted at the Center for Forensic Psychiatry on May 27, 2010. The clinical interview lasted approximately four and one-half hours. In addition, Ms. Hunt completed psychological testing consisting of the

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The Honorable Cynthia G. Hathaway  
 RE: HUNT, Jazmine(Jasmine) D., CFP #922977  
 September 23, 2010  
 Page 2

Minnesota Multiphasic Personality Inventory-2 (MMPI-2), a self-administered, true-false questionnaire. She also completed portions of a brief personal history questionnaire, and did so in a manner that suggested she has intact, basic reading and writing skills. While she was at the Center, Ms. Hunt signed authorizations for the release of her records from the Detroit Police Department-Sixth Precinct Station, Clear Choices Counseling, Detroit Medical Center Crisis Center, Detroit Receiving Hospital, Dr. Ron Samarian, MD, the Wayne County Jail, and William Beaumont Hospital, which were requested. She also provided copies of her partial records from Beaumont Hospital, Clear Choices, Dr. Samarian, and Development Centers Inc. (DCI), in addition to a list of her current and past medications, and records from Beaumont Children's Hospital pertaining to her young son's medical treatment. The available records are reviewed later in this report.

On the date of the examination, Ms. Hunt was on bond and made her own transportation arrangements to the Forensic Center. She reported that she was currently taking psychotropic medications prescribed by her psychiatrist, Dr. Qadir from Clear Choices, including Lexapro, an antidepressant drug (30 mg once/day), Xanax, an anti-anxiety agent (2 mg twice/day and 1 mg once/day), and Restoril, a sleep medication (30 mg at bedtime). She said that her psychotropic medications had been continually switched at DCI, prior to starting treatment with Dr. Qadir, and that she had had various side-effects from her medications then, some of which have not yet resolved. She indicated that she had taken the mood-stabilizer Depakote in the past and had been planning to try another mood-stabilizer, lithium, next. She also indicated that she had taken several antipsychotic medications in the past, including Seroquel, Haldol, and Abilify. However, she said, "None of them have ever helped and they just raised the dosages so high that I got the side-effects." She said that the side-effects she experienced included headaches, dizziness, hallucinations, and involuntary shaking of her legs, and were especially bad because she has only one kidney. She said that her other kidney was removed when she was 13 years old. She also indicated that she has other medical concerns, including high cholesterol and migraine headaches, but said that she was not currently taking any medications for these conditions. She made vague reference to "fluid on the brain" and said that she has seen a neurologist with regard to this but has not gotten any feedback yet. Her available neurological records from Beaumont Hospital are reviewed later in this report, following her account of the incident.

## SUMMARY OF POLICE REPORTS

Prior to the evaluation, this examiner reviewed the police records that had accompanied the Court's order for Ms. Hunt's criminal responsibility evaluation, including the Investigator's report from the Detroit Police Department 6th Precinct (a one-page summary of the incident), the notification of constitutional rights, and the interrogation record. Subsequently, on August 19, 2010, additional records consisting of six pages

The Honorable Cynthia G. Hathaway  
RE: HUNT, Jazmine(Jasmine) D., CFP #922977  
September 23, 2010  
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from the Detroit Police Department (DPD) crime and arrest reports were provided by the prosecutor's office. Those records document statements taken from both Ms. Hunt and the alleged victim in more detail than the investigator's report, as described below. The reports all indicate that the alleged offenses occurred on Saturday, February 13, 2010 at approximately 4:00 PM.

According to the investigator's report, Ms. Hunt and the alleged victim, Steven Pittman, had been on a date that day. In the course of casual conversation, Ms. Hunt told him that she had not had sex in two years. He then told her that he was not interested in continuing the date and would take her home. The report states that she "became upset (demeanor changed)." It also states that, enroute to her home, Mr. Pittman received a call from another female, which upset Ms. Hunt. The report indicates that when they reached her home, she exited the vehicle, pulled out a handgun, and fired approximately 5 to 6 shots while Mr. Pittman was backing out of the driveway. He drove home and called 911. The officers that responded to the alleged victim's home observed bullet holes in the vehicle's front bumper, front passenger door, rear passenger door, as well as shattered front driver and rear passenger windows. Two other officers went to Ms. Hunt's home and placed her under arrest. They recovered the alleged weapon from the top shelf of a bedroom closet under a shirt. The report states that, prior to transport, Ms. Hunt told the officers that the alleged victim had fondled her breasts and vagina. She was given notification of her Miranda rights at 6:20 PM. According to the interrogation record, she stated that she did not know why she had been arrested and indicated that she had called the police because Mr. Pittman had tried to rape her. She also said that she had shot at his car, not at him.

According to the DPD crime report narrative attributed to Officers Ways and Wanoga (5:12 PM), Mr. Pittman said that after Ms. Hunt told him that she had not had sex in two years, he "then stated to her that if she was coming back to his house then sex would be going down at which time Ms. Hunt stated that she wanted to go home." The report further states that "when he received a phone call from another female stating that she was going meet him at his house ... Ms. Hunt became irate and upset at that fact."

The DPD arrest report includes three different summaries of Ms. Hunt's statements to police. The first, attributed to Officers Williams and Carruthers (6:00 PM), indicates that Ms. Hunt stated that she and Mr. Pittman and an "unknown person" were in Mr. Pittman's vehicle in the driveway of the residence, and that while there, Mr. Pittman attempted to make her perform fellatio on the unknown person. She said that she got out of the vehicle, took the gun from her purse, and fired several rounds at him while he was backing from the driveway, and then went inside her home and called 911. In another narrative, Officer Quinn (6:04 PM) indicates that Ms. Hunt reported that she and Mr. Pittman had gone out for drinks. Ms. Hunt said that she told him she had previously had a vehicle stolen from her driveway. She said that he offered to let her use one of his vehicles, and said, "I got you." She said that then, at the bar, he told her she could

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only use it if she went out with his friend. She said that she got very upset at this and he stated that he was going to take her home. She said that on the way home, he began to fondle her breasts and vagina over her clothes. She said that she had a handgun in her purse, which was sitting on the floor of the car, and when she got out of the vehicle she fired 4 to 6 shots into it. The third report narrative, attributed to Officer Lewis (6:34 PM), states that Ms. Hunt said that she and Mr. Pittman had gone out for dinner and drinks, and that after dinner he asked her for oral sex for him and a friend. She refused and asked him to take her home. On the way home he groped her breast and her thighs between her legs. As she exited his vehicle, he began backing out of her driveway and she fired approximately six shots, striking the vehicle. It was also indicated that she did have a valid CCW permit for the gun.

#### DEFENDANT'S ACCOUNT OF ALLEGED OFFENSES

During the interview at the Forensic Center, Ms. Hunt was asked to provide an account of events and her actions encompassing the period of the alleged offenses, from her perspective. The account she provided is summarized below.

Ms. Hunt stated, "I hadn't seen him in 2 ½ years – Steven Pittman. I ran into him at Bailey's Fitness when I first moved back to Michigan, and spoke with him about 15 minutes." She said that when they had dated back in 2004, he had taken her and her family places, they had gone to church together, and she had helped him do restoration on his house. She stated, "There was nothing wrong with him then ... We ended it. It went from part of 2004 to 2005 and he said I didn't discipline my youngest, and I said didn't because of his asthma. He said if he couldn't physically discipline someone in his house he didn't want him there. But I wasn't mad because by him, his religion and everything, I told him I totally understood but ended on a friendly note." She indicated that their relationship was fairly serious during the months they dated, and said, "He took me to a lot of unfamiliar places, important people he knew but he knew I was seeing a psychiatrist and we prayed together all the time ... I didn't see him again until 2008 and then for 15 minutes, and then didn't see him again until February 13, 2010."

Ms. Hunt stated, "So, back to bringing in the New Year – as soon as the New Year came in – I had a list on my phone so I just (sent) a Happy New Year message to everyone on the phone list, and after that he started calling me. I had all my phone records sequestered so I could show he called me. Two weeks before (the incident) he called and said 'Come on. You got to get out of the house,' and every time we talked on the phone we prayed. He's a dynamic speaker, a 'prayer warrior.' People have prayer warriors in their churches. They're like if nobody can get a prayer across, they can. He's a minister. I thought he was still a deacon. It's an AME (African Methodist Episcopal) church - Greater Quinn – and when he called and said, 'Let's get out and do something,' I texted him back and told him I didn't have a babysitter." Ms. Hunt said that she had previously told him that she had had a "nervous breakdown" and had been



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in therapy. She said, "So, on the 12th my van was stolen out of my driveway so I was really down in the dumps and had the police over, and I didn't have any insurance on it because I was putting so much money into the vehicle. I was starting a transportation business to transport people to see loved ones in prison." She said that she had already gotten her LLC (business license) and said, "I have proof of that." She said, "He calls me the next morning when I was just getting sleepy because I don't sleep at night. He said, 'Hello. How are you?,' and he said, 'What are you doing on this lovely pre-Valentines Day?' I told him about the van and he said, 'Tell you what. Let's pray,' which we always did." Indicating that she would sit in an isolated spot when she went to church, Ms. Hunt stated, "I don't like to be around a lot of people because I been hearing the thinking and mumbling and evil stuff - pick up other people's negative thoughts. He said the Devil had a yoke around my neck that needed to be broken and he knew I stayed in my mother's basement, and he wasn't taking no for an answer, and was going to get me out for a couple of hours. I told him I don't do my nails or hair anymore and he said it didn't matter. He knew I was celibate because I had told him I'd been celibate for about three years, and he said, 'God is good. All the time, God is good.' I said, 'I wish God would give me the energy to get up because I can't unless I'm doing something for my son.' He said - a joke - 'What, you want God to levitate you? He's sending me.' And I trusted him so much. Everything else was coming down on me - bankruptcy (etc.), so I agreed to go with him. So he came - blew his horn. My girlfriend was with my son, and when I picked up my purse I realized the gun was in it but I didn't go back up to put it in the lock box." Ms. Hunt said that she usually kept the gun in a lock box but had had it with her the night before because she had gone out to get gas late at night. She said that when she came home her son was there and she had not wanted him to see it so she left it in her purse. She said, "It was the same thing that day. The kids (son and great nephew) were up and about." She said that the gun, which she had had for about a year, was registered and loaded. She said, "Me and my Mom and my sister and my son were living in a very bad neighborhood. My mother still goes to work at 74 years old at a methadone clinic and I drive her to work."

Ms. Hunt said that when Mr. Pittman arrived at her home and blew his horn, she "Went out and got in the car - about two in the afternoon. This whole thing didn't last, I think, an hour and a half. I got in the car and said, 'It's very nice to see you,' and he said, 'And you too.' He asked about getting something to eat and I said a big Caesar salad, and he got on the phone and called Roma's. And he said, 'Want to get take-out?,' and I said, 'Yeah. I'm more comfortable with that and I haven't seen your house - his grandmother's remodeled house - for awhile.' And my phone rang and he said, 'That better not be your babysitter calling or you'll get dropped off right here now.' I didn't know if it was a joke or what. He went in and then came out and said, 'The food's not done yet so come on in.' I went in and he was already drinking. I had my energy drink with me when I met him. He said, 'Let's have a drink for old times sake.' I said, 'I can't drink with my medication,' but he said, 'Have one,' and I had one with lots of pop, burning my throat and all. And the bartender heard the whole thing and said, 'Maybe

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you're right ... and he motioned to the bartender to give another one to both of us, and I tricked him and just drank the coke, and I started feeling funny. He said, 'You gained a lot of weight,' and I said, 'Yeah, 30 pounds,' and he said, 'I hope I don't see no gut.' I asked him what he meant and he said, 'I don't want to see no gut.' I went out and called my girlfriend who was babysitting and told her all this and it's all on my phone records, and when we left I asked him what he meant by gut, and he said, 'If we're going back to my house we're having sex.' And I said, 'You already know,' and he said, 'F what you talking about you been celibate?,' and I said, 'Take me home.' And he started going ballistic and I don't know if he got on the phone or someone called him and it was another female, and he said, 'Meet you at my house in 15 minutes.' She said that after he hung up the phone she asked him, 'What happened to you?,' and him swearing, 'No one want to talk to you ... I wasted three hours with you and no sex,' and I had a chocolate rose and candy from him. And while driving on the freeway and on my way home - he was going in that direction - I have heels on and can't jump out and he started grabbing at my breasts." She said that she turned her phone on but did not speak to her girlfriend while he was "grabbing at me and telling me I should go down on him." She said that when she pulled out her phone, he said, 'What you doing?,' and he grabbed my breast so hard - he know I have implants like he was trying to bust it. Pulling in the driveway he still grabbed me." She said that her girlfriend had come outside and was standing in the doorway and he saw her. She said, "I got out and I couldn't move. He said, 'Yeah. I know where you are and I'll be back,' and I was so scared and I believed that he was going to come back. Not even going so slow that I thought he might run me over - so scared of what he was going to do. Very emotional because it's like my friend would never hurt me, because he said 'B I know where you are,' and he's coming back. Like a devil. I urinated on myself when I saw him on the end of my block when I got out of jail. I called my (former) attorney and asked if I could get a PPO and she said, 'No. We need to worry about you right now.' " Regarding why she had fired the gun, which she did not deny, Ms. Hunt stated, "I was trying to protect myself, and I never had no police contact before. Never been in trouble ever."

Asked what happened right after the incident, Ms. Hunt said, "I called 911 and said he had raped me, because he did rape my spirit. I was still in danger when he said, 'I know where you are and I'm coming back.' Pulling away like the Pope in that bubble and looking at me like he's untouchable and it's not him. The police came and asked me where the firearm was and I told them, and they asked me where the car was and where I shot and I told them. They got the gun and stuff, and after that the man officer told the lady officer to take me downstairs so I could change. I was trying to be discreet because of the police. She told me I had to change clothes because where I was going it's cold - jail. I told her about the attempted rape and I had handprints on my breast for a week. But they asked him if he had grabbed my breast or vagina and he said, 'No.' Do you know how hard it is to trust?" Crying, and talking about her therapists and her history of cutting herself, Ms. Hunt said, "He was my friend." She also said that she has felt afraid since the incident, and has told her psychiatrist, Dr. Qadir, that she wants to

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go to the hospital. She said, "Basically, all the medications I've taken all of these years have not taken away the voices, the premonitions, what my grandmother would call the gift I have."

Ms. Hunt said that she remembered Mr. Pittman's face having morphed during or right after the incident. Asked if she meant this literally or was just describing a feeling, she said, "I'm telling you that when I got out of the car his face changed ... his face was distorted ... he turned demonic. That's why I'm trying to explain to you that it was him, but not him ... His whole face changed, like a Dr. Jekyll and Dr. Hyde. It was horrifying and how he was looking at me and talking ... It wasn't his face. It was a face with dark eyes. His whole body - the way it was lifted up. He's normally kind-faced, pleasant-faced. It wasn't like that. It transformed him. It was an ugly scary - even his voice, eyes - was really, really scary. The shape of his lower face was stuck out. His eyes was big and dark. He was sweating. He was breathing hard." She indicated that both her girlfriend and a neighbor had seen him in the driveway, but did not say that they had noticed anything different or unusual about him. She said, however, that her girlfriend had heard him "swearing on the telephone and cussing," and stated, "It wasn't, but I know it was, Steve that did that to me ... I'm praying for him."

Given her insistence that she had witnessed actual transformations in the alleged victim's face, changes that were not just a change of expression, Ms. Hunt was asked what she thought accounted for that unusual experience. She denied having taken any illicit drugs or any medications other than those that had been prescribed for her. She stated, "What happened with Steven and the marks on my breasts was real, not hallucinations ... I'd picked up on something with Steven and wasn't going to go two weeks earlier, but Satan does this. Once he comes to you so many ways he comes back, and he ruined me financially and with my property after I got custody of my son. I'm seeing that the only way he could get to me is through my spirituality. I would never see Satan coming through a Christian man, but that's how you get tricked. He knew that that was the only way he could get to me. The Devil saw that I was seeking help and getting stuff together for my business." She said that she subsequently had a priest from another parish come and see her, and "asked him if I was possessed and if he could see demons around me." She said that he did not say if she was or was not possessed, but told her to give her new doctors a chance to put her on a combination of medications ("he was talking about serotonin and dopamine in your body") that might help restore her balance and "keep the demon in Mass."

#### COLLATERAL INFORMATION

##### Detroit Receiving Hospital

An emergency treatment note from Detroit Receiving Hospital indicates that Ms. Hunt arrived at the emergency department on February 13, 2010 in the custody of Detroit

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police and was registered at 9:52 PM (approximately six hours after the incident). The ED note indicates that she was on medications for depression and bipolar disease. It was noted that she was not suicidal, but was "upset at being arrested ... crying and upset, but is cooperative." She was also noted to be alert and oriented. Her medications were listed as Trazodone (antidepressant drug also used as a sleep aid; 150 mg at night), BuSpar (anxiety drug, two 3 times per day), and Lexapro (daily). She was placed on those medications and discharged in "stable condition," with instructions to follow-up with her physician as needed. She was seen in the ED on the afternoon of February 15, again in the custody of Detroit police, for a medication refill. This time her history was noted to be positive for OCD (obsessive compulsive disorder), manic depression, and bipolar disorder with psychotic features. She denied illicit drug use but acknowledged alcohol use. She was given a medication refill and discharged back to police custody. Apparently, she was then transported to the Wayne County Jail.

#### Wayne County Jail

A mental status screening evaluation was completed at the Wayne County Jail on February 15, 2010, two days after the incident. The mental health worker that interviewed Ms. Hunt noted that she was tearful and seemed depressed about her circumstances. She reportedly exhibited some mood fluctuations during the interview, but was able to "calm down in talking about her situation." She was oriented and cooperative, and denied suicidal or homicidal ideation. She also denied that she was presently having auditory hallucinations, but said that she had heard voices in the past. She denied any inpatient hospitalizations. She said that she was receiving outpatient treatment at Development Centers, had last been seen there on February 4, 2010, and had another appointment scheduled for February 24. She reported that she was taking psychotropic medications including BuSpar, Xanax, Trazodone, and another drug, possibly Geodon (drug used in the treatment of both schizophrenia and bipolar mania). She said that she had last taken her medications on February 14, except Xanax, which she had not taken since February 10. She reported that she had a history of Bipolar Disorder for the past six years. She denied drug abuse, indicating that she had last used drugs (marijuana) when she was 19 years old. Reportedly, Ms. Hunt told the mental health worker that she did not want mental health services provided by the jail but would request them if she needed them. According to other observations that were made of Ms. Hunt when she was booked at the jail on February 15, she was alert, responding appropriately. She did not appear to be obviously depressed or overly anxious or angry, and was not exhibiting any strange or unusual behavior or speech. There were no other records from the jail.

#### Development Centers, Inc.

Based on the records Ms. Hunt provided from Development Centers, Inc., she received services there from approximately September 2009 through March 2010. Ms. Hunt's

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records from January and March 2010, pertaining to her functioning prior to and after the incident, and statements she made about the incident, are reviewed below. Following that, her other treatment records from DCI are summarized.

According to available DCI records, when Ms. Hunt was seen there on January 4, 2010, her psychiatrist, Dr. Stephanie Stevenson, changed her antipsychotic medication to loxapline, due to her complaint of nausea from Geodon. Her psychiatric diagnosis was given as Major Depressive Disorder, recurrent, severe, with Psychotic features. Dr. Stevenson described her clinical condition as stable. On the same date, her therapist, Christine Simmons, LPC, described her as appearing disheveled, depressed, and irritable, and "frustrated at the perceived ineffectiveness of outpatient treatment." She reported that she had stopped using Xanax off the street "since it had been ineffective anyway." She reported having "continued vivid visions and thoughts of dread." It was also indicated that she and her son were still residing in her mother's basement, which was suspected of being contaminated with black mold. When Dr. Stevenson saw her again, after the incident on March 1, 2010 for a medication review appointment, she reported that she had recently been released from jail where she had spent 12 days. She reported that she had not been given any psychotropic medication while she was incarcerated and now was feeling depressed, irritable, and anxious. She also indicated that she had been having insomnia and experiencing auditory hallucinations. According to the report, "She reported that she was incarcerated, because she fired gunshots at the car of a man whom she reported had been trying to sexually assault her. She stated that she had been in the car with him and that he was giving her a ride home. She stated that he began to touch her inappropriately and per her report stated that he knows where she lives in response to her rebuffing his advances. She reported that she was able to get out of the car and was so upset that she fired gunshots at his car." It was also indicated that she agreed to a therapeutic trial of Haldol (antipsychotic drug), Cogentin (for side-effects), and Klonopin (anxiety/benzodiazepine drug). Two days later, she reported that she had been having "nightmares about being raped by the reported assailant and has been frightened every time she sees a black car." Dr. Stevenson's diagnosis of major depressive disorder with psychotic features was continued. According to other post-incident records from March 2010, Ms. Hunt's therapist provided an additional rule-out diagnosis of Posttraumatic Stress Disorder at that time, presumably related to the symptoms Ms. Hunt reported experiencing after the incident and alleged sexual assault (by the alleged victim, Mr. Pittman). Ms. Simmons also noted that Ms. Hunt reported that she had experienced "little success" from her treatment with medications. With regard to Ms. Hunt's treatment, she also stated, "Although she has seen a psychiatrist in the past, there is no indication of follow through with individual therapy, to assist her in working through issues of past trauma, including abuse and grief and loss." When she saw her therapist again on March 24, Ms. Hunt requested that she keep the door ajar throughout their session.

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Ms. Hunt's psychiatric care was switched from Dr. Sally Szymanski to Dr. Stevenson in November 2009. In October 2009, four months before the alleged offenses, Dr. Szymanski indicated that Ms. Hunt had reported a history of treatment for depression and psychosis but was "vague about psychotic ideation – does not completely answer questions about psychosis ... promises not to buy xanax off the street." At that time, she was said to be "jittery/shaking" and dealing with multiple stressors, including a custody case, bankruptcy, and deaths in the family. Earlier, in September 2009, an assessment (apparently the initial intake assessment) was completed. Therein it was noted that Ms. Hunt reported a significant past history of violence and abuse in her life, including by her adult daughter's father. She alleged that he had set her on fire and locked her in the basement for three days when her daughter was born. She also described having a "gift of knowing what people think, seeing people get killed, seeing things, discerning people's intentions," and stated that she had come to DCI for services "Because I need someone to help me cut this gift off." She reported a daily routine of getting up early in the morning, caring for her son and getting him to school, taking her medications, doing errands for her mother and grandmother, spending time with a friend with cancer, and going to bed but not sleeping due to racing thoughts and nightmares. In November, Dr. Stevenson again noted that Ms. Hunt had been coping with multiple stressors, especially the custody battle, and had been feeling depressed, anxious, and paranoid. She reported no hallucinations and said that she had weaned herself down from 9 milligrams of Xanax per day to 3 per day. She said that she had been drinking 3 or 4 energy drinks a day and requested Trazodone as a sleep aid. Dr. Stevenson prescribed this as well as medications for depression and mood stabilization (Seroquel XR). She was advised not to take Xanax. When she was seen again several weeks later, Ms. Hunt agreed to try Geodon for mood stabilization since her insurance would not cover Seroquel. She reported that she was feeling about the same but had less energy due to stopping her consumption of energy drinks. Her most recent DCI contacts appear to have been in March 2010 (see above). Since then, she apparently has been seeing a therapist, Dr. Liverpool, and her psychiatrist, Dr. Qadir, at Clear Choices (see below). Ms. Hunt also provided some psychiatric records from Dr. Samarian, dating back to 2004. Even then, he was telling her to cut down on Xanax (not exceed 6 mg), and encouraging her to seek long-term treatment at Eastwood. It appears that he saw her once in 2006 and once in 2007. When she returned in 2008 she complained of depressive symptoms but also of being paranoid and hearing voices.

#### Clear Choices

The only available records from Clear Choices were the progress notes supplied by Ms. Hunt. They included medication review and individual therapy notes from April 20 to May 25, 2010. Regarding the incident, it is noted that she reported that she had been involved in an incident in February "of attempted rape by a good friend" and now was facing charges. She was given a rule-out diagnosis of PTSD (posttraumatic stress disorder) and prescribed Seroquel XR, Lexapro, and Xanax. She subsequently

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reported that she had been having nightmares of being raped by "the pastor who had tried to sexually assault her" (alleged victim). In mid-May, she reported that she had started cutting herself again on her legs. Her psychiatrist recommended inpatient treatment "or at least partial program" but Ms. Hunt indicated that she wanted to wait until her son was out of school. Medication adjustments were made at that time and again at her next appointment. She continued to report poor sleep, nightmares, and anxiety symptoms related to the incident, as well as to express a sense of unfairness about having been prosecuted for her actions against the alleged victim whom she regarded as the perpetrator. She also reported that she had heard "voices telling her that she should have shot him."

#### Detroit Medical Center

Ms. Hunt's records from the Detroit Medical Center (DMC) Crisis Center indicate that her primary care physician and psychiatrist at Beaumont Hospital referred her there. In August 2009, she presented with complaints of anxiety and depression. She said that she needed medications and was "sick of buying them off the street." She indicated that she bought Xanax, Lexapro, and Zyprexa off the street when she could get them. She reported that she had been taking 9 mg of Xanax a day. She denied an inpatient psychiatric history but stated that she could hear other people's thoughts and wore earplugs to keep their thoughts out of her head. She also indicated that she had been hearing voices for years, and they told her if people were going to help her or not and also warned her to stay away from danger. She reported that she had lost several relatives within the past year and was engaged in a custody battle over her son. She reported that she had last seen Dr. Samarian in May 2008 and said that he refused to see her anymore. She was given a diagnosis of major depressive disorder with psychosis. She was given prescriptions for antidepressant medications, told not to buy Xanax off the street, and referred for follow-up at Development Centers, Inc. When she returned to the Crisis Center a month later, she had been off her medications for a week. She was not seen as having any overt psychotic symptoms but she said that she could read other people's thoughts, knew things before they happened, and could read Tarot Cards. She was again given prescriptions for her antidepressant medications and follow-up at DCI was again recommended.

#### Beaumont Hospital

According to Ms. Hunt's records from Beaumont Hospital, she was seen in the internal medicine clinics in January 2010 with a complaint of daily headaches for the past three months. She was reluctant to take any medications because she was already taking psychiatric medications, antidepressant drugs and an antipsychotic medication, apparently prescribed for insomnia. She was referred to the neurology clinic for follow-up. It was noted that she had had a CT scan of the head in December 2009, which was "completely normal," and other records show that she also had normal head/brain scans

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In 2008 and 2003. The emergency department report from 2003 indicates that she requested a CT head scan at that time because she believed that "something bad" was happening. She was given a diagnosis of migraine headaches. When she was evaluated for a syncopal episode in 2008, she had no symptoms of a seizure. The syncope was instead thought to be secondary to alcohol, which she was advised to abstain from.

#### CLINICAL PRESENTATION

For the interview, Ms. Hunt presented as a female defendant of average size who looked approximately her stated age. She was neatly attired in clean, casual clothing, and appeared to have a good level of grooming and hygiene. She had short-clipped hair, wore earrings, and wore glasses for reading the MMPI. Prior to meeting Ms. Hunt, the testing psychologist who instructed her on the MMPI reported that she had been very tearful and did not want the door to the interview room she was seated in to be closed all the way. On initial meeting, she was only minimally responsive to this examiner's greeting and introductory comments, and seemed distraught. Although she answered most questions, she tended to only nod her head and had to be asked to respond verbally. She was tearful and said she could not tolerate the door being fully closed, even though the examiner would be in the interview room with her. She seemed satisfied to have the door just cracked open when it was explained that this would afford her more privacy. She indicated that she had only become claustrophobic and fearful of closed spaces since she had spent 13 days in jail, following her arrest for the alleged offenses. She gradually acclimated to the interview setting and seemed to become more relaxed. Even so, about an hour into the interview, she asked for a break so she could take one of her Xanax pills, which was allowed. On speaking, Ms. Hunt's voice quality was normal, her speech was easy to understand, and the rate and volume of her speech was normal. She was oriented to person, place, and time, and was aware of her legal circumstances. She was asked about her name, Jazmine Hunt, because she indicated on the personal history questionnaire that she had also gone by the name Rochelle Stewart, and this was the name recorded on most of the medical/mental health records she had brought to the Center. She said that she had legally changed her name, in Michigan, from Rochelle Stewart to Jazmine Hunt. The reason she gave for doing this was that she "Thought it would be a new life (and) didn't want to be worn-out Rochelle Stewart anymore." She said that she chose the last name Hunt "at the last minute." It is not clear precisely when she changed her name. This examiner's notes indicate that she reported having changed her name almost a year ago, but also indicate that she later made the statement that "Everything was Rochelle until last month." Her DCI records from January 2010 still give her name as Stewart, but then in March it is noted that she had a name change to Jasmine Desiree Hunt on both Court and Social Security Administration documents. Records from Detroit Receiving Hospital give her name as Jazmine Hunt on February 13 and 15, 2010, but



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her records from Beaumont Hospital are still under the name Rochelle Stewart in March and April 2010.

Once Ms. Hunt became more settled in the interview setting, she seemed eager to convey that she has been under considerable emotional stress for some time, in addition to her medical issues, and did not feel she had been getting adequate help for her problems. She was also eager to provide her account of the incident, and in doing so, gave a fairly long, quite detailed account of events from her perspective (see above). During the interview she described an abundance of problems and at times was rather melodramatic in discussing them. She seemed to feel overwhelmed by her problems and her responsibilities, which she said include caring for her 7-year-old son who has asthma and allergic rhinitis. She described him as "sickly – allergic to the world – very, very asthma," and said, "My baby's the only reason I live and breathe." She indicated that she currently has "full physical custody and 50 per cent legal custody" of him, but said that the biological father had tried to get custody so he would not have to pay child support. She said that she also has several grandchildren and is supposed to take custody of two of them as well. She said, "That's the only thing I can do is be around children because they're so innocent." During the interview, Ms. Hunt conveyed a mixed personality picture, at times portraying herself as controlled, stable, responsible, and able to deal quite well with adversity, and then presenting as a frightened and traumatized individual, unable to cope, and needing others to care for her. In fact, she said that Dr. Qadir had agreed with her that it would be "an excellent idea" for her to be hospitalized once her son was out of school. She said, however, that she had decided she did not want to be hospitalized "because of all the new people." She revealed scars on her upper arms and forearms, which she said were from self-inflicted cuts, and said that she had recently promised her therapist that she would not cut herself anymore. She said that she had a history of cutting herself but had stopped doing it "years ago," and then started again. She said, "It's a relief. One thing you can control. Let that pain out." Throughout the examination, it was this examiner's impression that in spite of any anxiety or vulnerability she might have felt, Ms. Hunt was also vigilant and self-protective. With this examiner, she was quick to correct or challenge any inaccuracies she perceived in how her experiences were being understood or interpreted. Also, despite the dramatic emotional displays she was prone to, she was generally goal-directed in her communications, and even persistent in making her points. She expressed some unusual thought content, seemed to have a predilection toward magical thinking, and described 'mystical' experiences. She labeled those experiences (for example, premonitions, seeing ghosts, reading auras or seeing halos) as "the gift I have," at least according to her grandmother. However, whether she was describing supernatural experiences or conveying more mundane information and answering questions, her thought processes were organized, there were no peculiarities of language and word usage in her speech, and the point of her communication was not lost.

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Overall, across the period of the evaluation, Ms. Hunt's mood seemed dysphoric, and was characterized by discontent, unhappiness, and irritability/anger. Her affect was congruent with mood. Her mood was somewhat labile, with bouts of crying, especially initially. However, there did not seem to be a deep emotional component even to her crying episodes, at least not one of profound or persistent sadness or depression. Nevertheless, she did seem distraught, anxious, and overwhelmed by her present situation, and at a loss on how to handle it. Despite her distress over her circumstances and what appeared to poor coping skills associated with longstanding personality characteristics and behaviors, there was no evidence of grossly impaired cognitive functioning. She did not seem confused or disoriented, and overall appeared to have intact reality testing. Although she was somewhat challenging to interview and seemed to want to control the discussion, ultimately she was able to provide relevant information and give meaningful responses to most questions.

With regard to her educational background, Ms. Hunt reported that she did not graduate from high school, but later earned her GED. She said that she attended Ferndale Adult High Trade School, and has had training as a first medical responder, a certified nursing assistant, a phlebotomist, and an emergency medical technician. She said that she moved to Las Vegas with her young son in 2006 to search for more opportunities, and then moved back to Michigan in 2008. According to her DCI records, while she was living in Nevada, she worked as a house manager, then became a program coordinator for several Adult Foster Care homes, and then worked for Excell, hospice, drug rehabilitation, and long term health care facilities. Ms. Hunt currently reported that she is unemployed, but said that she had wanted to start a transportation business prior to the incident. She also said that she has been "waiting on disability" for two years. Based on her current presentation, history, and mental status examination, she was judged to have gross mental abilities in the normal, approximately low-average to average-range of verbal intelligence.

## MENTAL STATUS

On formal examination of her current and recent mental status, there were no convincing signs of a psychotic disorder such as hallucinations and delusions, i.e., disorders of perception and thinking, evident in Ms. Hunt's statements or observable behavior. However, when asked directly about experiences of auditory hallucinations, such as hearing voices that others do not hear, she said that she has heard voices since she was "a kid," and implied that they having been ongoing ever since. She said that she had heard voices even since being at the Center, but could only vaguely describe her experience. Referring to Evaluation Unit staff, she said, "I can hear those guys saying what my charges are ... when they put that thing with my medication I could hear them ... you can hear without ears." Asked about visual hallucinations, seeing things that others do not see, she said, "Minion. Like a little Devil dwarf, but I'm not afraid of them anymore." She said that she had not seen this while she was at the

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Center, and stated, "They only bother me late at night when I'm trying to doze off ... I go to my altar and light candles and then they go away ... and the other ones hold you down and hold off your breath ... That's them when you wake up choking for no reason." She did not report or endorse recent delusional experiences such as thought broadcasting or mind control, but alluded to possessing special mental powers or abilities. She volunteered that others, including her doctors, have told her that she is paranoid, and then said, "I say I'm not paranoid. Sixth sense ... I try to always have kids around me because I think he (alleged victim) has someone following me." Signs of abnormal thought processes manifesting as tendencies for her speech to derail into idiosyncratic or irrelevant subject matter, or evidence of other language disturbances, were not apparent or prominent. Despite the content of her speech, with odd or paranormal allusions, her associations were generally coherent and goal-directed. Concerning her recent emotional adjustment, Ms. Hunt described her mood as "More intense. Like I check doors always but now I put furniture." Although some mood lability was evident during the interview, she did not currently exhibit, nor did she acknowledge, a recent proneness to extreme or frequent mood fluctuations or other signs of hypomania or mania, such as flight of ideas, pressured speech, grandiosity, or a decreased need for sleep. With regard to her neurovegetative functions, she said that she does not really sleep, but nods off at about four in the morning and then lays down again when it is light outside. She said that she consumes energy drinks all day but otherwise has no energy. Ms. Hunt denied current or recent suicidal thoughts, intentions, or plans. She said, "I look at my mother and say, 'Look. If I wanted to kill myself I'd be dead, so get over it.' " She also denied any thoughts or plans of harming others.

## PSYCHOLOGICAL TESTING

As part of the examination process, Ms. Hunt was administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). The MMPI is a self-report questionnaire that is intended to provide information about an individual's test-taking attitude, personality characteristics, and the presence and nature of psychopathology. A review of MMPI validity indicators suggested that her test results were invalid due the excessive endorsement of rare or nonconfirmable symptoms of psychopathology at a statistically improbable level. Therefore, her MMPI was not interpreted.

## MENTAL HEALTH HISTORY

Regarding her self-reported mental health history, Ms. Hunt indicated that her first and only psychiatric hospitalization was at Mount Carmel Hospital (now Sinai-Grace) when she was about 15 years old. She said that she was admitted to the hospital following a suicide attempt by ingestion of somebody else's prescription pills. She indicated that she was kept in the hospital for "a couple months" and was prescribed medications and group therapy. She said that she did not take the medications she was given or "threw

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them up." Apparently, her father died (was murdered per her records) while she was in the hospital. She seemed to still have unresolved anger toward him, and stated, "He promised to stay with me - said he'd never leave me." She did not report any other mental health treatment until 2004, following the death of a 22-year-old niece she had helped raise with her own daughter. She said that she was in outpatient treatment with Dr. Samarian, a psychiatrist affiliated with Beaumont Hospital, and he started her on antidepressant and sleep medications. She indicated that when she moved to Las Vegas in 2006, she initially flew back to Michigan every six months to have her medications checked, but then found a psychiatrist in Las Vegas. She only saw him one time and did not remember his name. She said that when she returned to Michigan, her doctor at Beaumont had "abandoned" her. She also indicated that she had needed more intensive treatment than Dr. Samarian provided. She then went to Development Centers, Inc., but characterized her treatment there as "a joke." She left DCI and now goes to Clear Choices Counseling, where her psychiatrist is Dr. Qadir. Her available records are reviewed above.

With regard to other mental health background, in speaking with her attorney, Ms. Coleman, subsequent to Ms. Hunt's evaluation, it was learned that the history Ms. Hunt provided to her, in contrast to the history she provided to this examiner, included at least two past psychiatric hospitalizations. Ms. Coleman also indicated that Ms. Hunt revealed to her that she had been traumatized in the past as the victim of rape.

#### CRIMINAL RESPONSIBILITY

Concerning the matter of criminal responsibility, MCL 768.21a, as amended effective October 1, 1994, indicates that "An individual is legally insane if, as a result of mental illness as defined in Section 400a of the mental health code, Act No. 258 of the Public Acts of 1974, being Section 330.1400a of the Michigan Compiled Laws, or as the result of being mentally retarded as defined in Section 500(h) of the mental health code, Act No. 258 of the Public Acts of 1974, being Section 330.1500 of the Michigan Compiled Laws, that person lacks substantial capacity either to appreciate the nature and quality or the wrongfulness of his or her conduct or to conform his or her conduct to the requirements of the law." The definition of mental illness so indicated is "a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life." The definition of mental retardation so indicated is "significantly subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." The statute goes on to indicate that "Mental illness or being mentally retarded does not otherwise constitute a defense of legal insanity." This section also states that "An individual who was under the influence of voluntarily consumed or injected alcohol or controlled substances at the time of his or her alleged offense is not considered to have been legally insane solely because of being under the influence of the alcohol or controlled substances."

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Based on her presentation, reported educational attainment and work history, and the current mental status examination, Ms. Hunt's level of verbal intellectual functioning appeared to be in the normal range, with a similar level of functional intelligence demonstrated in her daily life activities. Therefore, there is no evidence that she was mentally retarded as defined by statute at the time of the alleged offenses.

Regarding the issue of whether a mental illness as defined by statute was present at the time of the alleged offenses, taking into account both Ms. Hunt's self-report and the records describing her mental state and functioning during the period encompassing the incident, the available information does not support that she was suffering from a disorder of thought or mood that achieved the level of substantiality required by the law, which impaired her judgment, behavior, capacity to recognize reality, or ability to cope with ordinary demands of life. In spite of the stressful circumstances she apparently was dealing with at the time and the ongoing treatment she was receiving for various mental symptoms and emotional problems, there were also definite indications that she was continuing to function much as she had for some time, in at least a fairly normal fashion, during the time frame of the incident. A few months earlier, when she was receiving mental health services at DCI, she described her daily routine as including getting up early in the morning, caring for her son and getting him to school, taking her medications, doing errands for her mother and grandmother, and spending time with a friend who had cancer, even though she was not sleeping well. Her DCI records do not suggest that the mental health professionals who saw her were unduly alarmed by any mental status changes or felt that she was in need of inpatient treatment.

Although Ms. Hunt has a history of recent and past treatment with psychotropic medications prescribed by several psychiatrists, there appears to have been some diagnostic uncertainty associated with her presentation, in part perhaps, because her contacts with mental health practitioners tended to be time-limited as she switched from one treatment setting to another for various reasons (for example, moving or dissatisfaction). Still, there seems to have been a general consensus that she was having difficulty coping with multiple life stressors, financial and family issues, and was prone to depression, mood instability, anxiety, and psychotic or quasi-psychotic symptoms. Indications for a thought disorder were usually only suggested, however, and seem to have been based solely on her report to mental health professionals that she had heard voices or experienced auditory hallucinations in the past. There is no indication in the available records that she was ever observed in an active psychotic state, either hallucinating or showing signs of being frankly delusional. In fact, when DCI psychiatrist Dr. Syzmanski evaluated her four months prior to the incident, she indicated that Ms. Hunt was "vague about psychotic ideation - does not completely answer questions about psychosis." Based on her report to this examiner, there was also no indication of any psychiatric hospitalizations for a psychotic disorder, or in fact any other mental condition, at least during adulthood. Neither do her records from just

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after the alleged offenses, from Detroit Receiving Hospital or the Wayne County Jail, reveal any evidence of bizarre or psychotic behavior or severe mood symptoms such as profound depression or mania.

Currently, along with her strong religious convictions, Ms. Hunt seemed to have a proclivity to magical type thinking, such as the belief that she possesses special psychic powers or "gifts" and has experienced perceptual alterations. Specifically with regard to the alleged offenses, although as part of the account of the incident she provided during her evaluation at the Forensic Center, Ms. Hunt described fleeting perceptual experiences involving demonic-like changes in the appearance and voice of the alleged victim, there are no indications in the records that she ever made similar statements to the police just after her arrest, to anyone during the period of her incarceration or, following her release from jail, to her psychiatrist or therapist. Even as she described it to this examiner, her perceptual experience was more suggestive of an illusion associated with a heightened emotional state than with a true hallucinatory event. Regarding her mood state at the time of the incident, by most accounts including her own, she became very upset and angry during her interactions with the alleged victim, at the bar and afterward. However, given the events and the actions of the alleged victim as she described them, her emotional reaction might be construed as reasonably normal, even if excessive. Whatever cognitive and perceptual distortions Ms. Hunt might have been given to during the incident appear likely to have been associated with longstanding personality characteristics such as features of a schizotypal personality disorder, which can produce transient psychotic symptoms, especially in response to stress. However, unlike major psychiatric disorders (for example schizophrenia) that are associated with more severe and enduring psychotic symptoms, in this examiner's experience, schizotypal personality disorder, even if present, would not be considered a substantial disorder of thought or mood. In summary of the above information and reasoning, it is this examiner's opinion that Ms. Hunt did not manifest a disorder of thought or mood at the time of the alleged offenses that would meet the substantiality criteria for mental illness that is required by statute.

Regarding any possible role of intoxicants in the alleged conduct, Ms. Hunt currently did not acknowledge having been under the influence of any illicit drugs or alcohol, apart from the one or two drinks she had consumed in the company of the alleged victim. Although she reported that she started "feeling funny" after drinking what she was given, she did not say that she believed her drink had been doctored in any way. Also, although her records indicate that she has a self-acknowledged history of having procured Xanax off the street, there is no information indicating that she was intoxicated from or withdrawing from this potentially addictive benzodiazepine medication or any other drugs at the time of the alleged offenses.

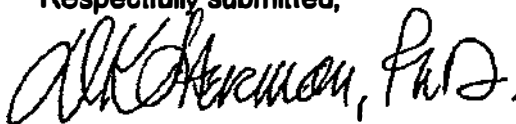
With respect to the issue of legal insanity, the preponderance of the available information, including Ms. Hunt's own description of her actions prior to the incident and

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her statements to police officers, at the jail, and to her therapist and psychiatrist in the aftermath of the incident, do not suggest that she was delusional at the time of the incident. In addition, most of her conduct during the time frame of the incident seems to reveal an intact ability to understand wrongfulness and to control her behavior in socially acceptable ways. In fact, many of her reactions seem to be adequately explained by the sense of panic, indignation and anger or rage she reported experiencing as a result of the unexpected sexual advances she accused the alleged victim of. Although the accuracy of her allegations is a matter for the trier of fact to determine, if true, they would seem to have explanatory value. Also, although her reactions appear to have been extreme, if she was in fact raped in the past as she told her attorney, this too might have been contributory or explanatory. However, why she resorted to firing a gun even after having exited the alleged victim's vehicle, which she acknowledged, is not fully understood on the basis of her statement that she was "trying to protect (her)self." Whether the alleged conduct was influenced by a continuation of fear or anger or stemmed from some other motivation is not known. However, in this examiner's opinion there is no evidence that Ms. Hunt lacked the substantial capacity to appreciate the nature and quality, or wrongfulness of the alleged illegal conduct, or to conform her conduct to the requirements of the law due to either mental illness or mental retardation.

Therefore, it is this examiner's opinion that Ms. Hunt did not meet the statutory criteria for being considered legally insane for the alleged offenses.

Respectfully submitted,



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